

**MIDWIFERY ADVISORY COMMITTEE
MEETING MINUTES**

March 4, 2003

COMMITTEE MEMBERS

PRESENT: Morgan Martin, LM, ND
Marijke van Roojen, LM
Leslie Gesner, LM
Jennifer Durrie, Public Member

MIDWIFERY PROGRAM

STAFF PRESENT: Paula Meyer, Executive Director
Kendra Pitzler, Program Manager

OTHER DOH STAFF

PRESENT: Pam Lovinger, Health Professions Quality
Assurance Division
Jeanette Zaichkin, Maternal & Child Health
George Heye, MD, Medical Quality Assurance
Commission Staff

OTHERS PRESENT:

Diana Davidson
Debra O'Connor
Azlau White
Ann Tive
Chelle Moat, MD

OPEN SESSION:

1. Call to Order

The meeting was called to order at 10:00 a.m.

1.1. Approval of Agenda

The Agenda was adopted as written.

1.2. Approval of Minutes - November 19, 2002

Minutes of the November 19, 2002 meeting were reviewed. Minor changes were suggested and the minutes were approved as revised.

2. Midwifery Budget

Paula Meyer reported that due to the continuing costs for investigation and discipline and the dwindling numbers of licensed midwives, it is expected that the midwifery program will be in the deficit by approximately \$50,000 by the end of the biennium. It was noted that the expected decline in complaints and disciplinary has not happened. The Department of Health will be asking for an I-601 exemption to raise the fees in an effort to make the program self-supporting and comply with RCW 43.24.086.

2.1 Review Number of Expired Licenses

Kendra Pitzler reported that the number of active midwifery licenses has dropped from approximately 117 one year ago to 95 at present. A little over a year ago, the midwifery license renewal fees were raised from \$495 per year to \$950 per year. Seven new applicants will take the midwifery examination this month which could bring the number back to 102. Midwifery staff will continue to closely monitor these numbers.

2.2 Case Management and Investigation Procedures

Committee Members expressed their continued concern that the Department is over-spending on investigations and discipline. It was acknowledged that the Department has taken steps to lower these costs but it was felt that more could be done.

Marijke van Roojen indicated that she had spoken to a Midwife that had signed an informal order and that this midwife agreed that her case could be reviewed to determine what might be done to conserve on costs. The suggestion was that the case (or cases) be matched with the costs. Staff acknowledged that reviewing a case in such a manner could have advantages but that the staff would need to make sure the case was within the normal range of most midwifery investigations and not an "outlier".

Another suggestion was that the Department study the "trends" of the complaints. What aspects of midwifery practice are coming up most often? For example, do most of the complaints deal with neonatal problems? Or perhaps hemorrhage? If this could be determined, perhaps the Department (and midwives) could better address these issues.

Another suggestion was to have a midwife committee member in case management. It was suggested that this person could be available to comment and answer questions and did not have to participate in the actual decision. Due to the fact that midwife committee members are already reviewing complaints before case management (their comments are reviewed in the case management meeting) and because investigative costs are usually minimal (as compared to legal costs), staff was not convinced that this would have any effect on costs. Committee members were resolute that this should be pursued. Ms. Meyer indicated that laws and policies would need to be reviewed before a decision to allow this could happen.

Staff also indicated that the Assistant Attorney General, in most cases, would not issue charges without reviews by both a midwife from the advisory committee as well as an expert medical physician. Ms. van Roojen suggested that the committee member review the case first and that the committee member review be sent to the expert with the file. It was suggested that having this review could save the expert review time and cost less money. Staff indicated that this suggestion would have to be reviewed by the assistant attorney general to make sure this would not create a conflict of interest.

3. Standards of Practice

Staff informed the committee members that the assistant attorney general (AAG) had reviewed the draft for the new Standards of Practice rules. The AAG informed staff that the rules and referenced documents would not be helpful in disciplinary cases. The following reasons were given:

- The MAWs document allows no chance for input (legal or otherwise) by the Department. The Department has to live with the Association's language and the document is not written to be rules but written as guidelines.
- The standards in the MAWs document are open ended and this could invite an expansionist view toward the scope of practice. The Department has recently spent money on cases where expanded scope was an issue (use of cytotec and vacuum extractor).
- Without definitive rules for clear boundaries, the Department will continue to need experts to define practice standards.
- The rule and incorporated guidelines offer very little assistance in setting enforceable practice standards and parameters.
- There needs to be a clear understanding by both midwives and the Department as to the definition of "significant deviations from normal" and what happens when a physician consult is required.

Health Professions Quality Assurance management are aware of this and have indicated that the midwifery program needs to adopt language in rule which addresses these concerns rather than to adopt the association's document by reference in the rule.

Midwifery Advisory Committee members were opposed to this, indicating that the Department appears to be planning to adopt "finite" rules and that this type of rule has not been adopted in any other profession.

It was noted that other professions do have standards of practice and that other states have very specific standards in rule. Two states mentioned were Oregon and Alaska. Committee members were not impressed with the rules from Oregon and Alaska but mentioned both New Mexico and Texas. They indicated that Texas has done some amazing work and that New Mexico has a long history with midwifery. Staff agreed to obtain both the Texas and New Mexico rules.

Both committee members and those in the audience indicated that the midwifery model of care should be preserved. Ms. van Roojen agreed that the Department's goal of making midwifery practice safer and saving money is good goals but indicated that she was opposed to the approach.

4. Legend Drugs and Devices

Chelle Moat, MD from the Medical Quality Assurance Commission (MQAC) and George Heye, MD, Medical Commission staff attended the meeting to express concerns the Medical Commission has regarding the proposed revisions to the Midwifery legend drugs and devices rules.

Dr. Moat indicated that the members of MQAC had no history of these rules and wondered what issues were being addressed and where the proposal came from.

Marijke van Roojen explained the history of the rules and the proposed changes. She indicated that the changes reflect current practice and make access to certain drugs easier in life-threatening situations. In addition, minor language changes have been proposed, as well as allowing midwives to prescribe pregnancy support hose and other such items for their patients.

Committee members exchanged conversation with Dr. Moat and Dr. Heye regarding the availability of medical consultation within certain areas. It was noted that even within some populated areas, it could be a challenge to obtain physician consult. Some of these problems are caused by the physician's insurance, which either does not allow the consult or includes the "consult" as part of the number of women they are covered for.

Dr. Moat suggested some changes that the Midwifery Committee agreed to. Staff will draft the changes and send them out to interested parties for comment.

5. 2003 Meeting Dates

The Committee agreed that the next meeting would take place on May 13, 2003. The location is to be announced.

6. MEAC Accreditation

Leslie Gesner and Morgan Martin agreed to work on reviewing the MEAC applications and standards and will report back at the next meeting.

7. Rules Pertaining to Credit for Educational Requirements

The Committee talked about the proposed rules for giving credit towards the educational requirements for licensed midwives. Kendra Pitzler explained that these rules were put on hold during the 2000 moratorium on rules processing and that Department of Health management had since indicated that the rules appear to be too burdensome. Management suggested that the Department adopt the Certified Professional Midwife (CPM) without all the additional educational requirements but that clinical requirements might still be added.

It was agreed that Ms. Gesner and Ms. Morgan would review this along with the MEAC accreditation standards. Ms. Pitzler agreed to send the final product from the education workgroup, along with a new proposal accepting the CPM, to Ms. Gesner and Ms. Morgan for their review.

8. Drafting the Washington Add-on Examination

The Committee discussed drafting new questions for the Washington State Specific Examination. Ms. Pitzler suggested that this examination should have only questions that pertain to state law and that if a large database was formed, the applicant could be given the data bank and told that 75 of those questions would be on the examination.

The Committee agreed that the examination should be changed to address only state law but indicated that all state laws pertaining to midwifery should first be obtained. These laws could be sent out in the application packet so that applicants could study them.

Ms. Pitzler agreed to work on obtaining these laws.

ADJOURNMENT: The meeting was adjourned at 3:50 p.m. Minutes prepared by Kendra Pitzler, Program Manager.